Application or Docket Number

| PATENT APPLICATION FEE DETERMINATION REC<br>Effective January 1, 2003 | CORD |
|---|------|
| CLAIMS AS ELLED - DART I  |      |

| Effective January 1, 2003  |  |   |                   |                   |                                  |                   |             |                 | 0 //                   | <u> </u>       | <u> </u>            |                        |
|--|--|---|-------------------|-------------------|----------------------------------|-------------------|-------------|-----------------|------------------------|----------------|---------------------|------------------------|
| CLAIMS AS FILED - PAR (Column 1)   |  |   |                   |                   | l<br>(Colur                      | SMALL ENTITY TYPE |             |                 | OR                     | OTHER<br>SMALL |                     |                        |
| TOTAL CLAIMS   |  |   |                   |                   |                                  |                   | RA          | ΤE              | FEE                    |                | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED      |                   | NUMBER EXTRA                     |                   | BASI        | FEE             | \$375                  | OR             | BASIC FEE           | \$750                  |
| TOTAL CHARGEABLE CLAIMS  |  |   | minus 20=         |                   | *                                |                   | X\$         | 9=              |                        | OR             | X\$18=              |                        |
| INDEPENDENT CLAIMS minus 3 =   |  |   |                   | us 3 =            | *                                |                   | X42=        |                 |                        | OR             | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                   |                   |                                  |                   | +140=       |                 |                        | OR             | +280=               |                        |
| * If the difference in column 1 is less than zero, enter   |  |   |                   |                   |                                  | olumn 2           | TO          |                 |                        | , i            | TOTAL               |                        |
| CLAIMS AS AMENDED - PART   |  |   |                   |                   |                                  | T II              |             |                 |                        | OR             | OTHER<br>SMALL      |                        |
|  |  | (Column 1)<br>CLAIMS                      | 10.25             |                   | HEST                             | (COIGITITIO)      |             | _               | ADDI-                  | ı I            |                     | ADDI-                  |
| NT A   |  | REMAINING AFTER AMENDMENT                 |                   | PREVI             | IBER<br>OUSLY<br>FOR             | PRESENT<br>EXTRA  | RA          | TE              | TIONAL                 |                | RATE                | TIONAL<br>FEE          |
| AMENDMENT  | Total                                  | * 10                                      | Minus             | ** (              | 7,0                              | = /               | X\$         | 9=              |                        | OR             | X\$18=              |                        |
| MEN  |  | * 2                                       | Minus             | ***               | G                                | =                 | X4          | 2=              |                        | OR             | X84=                |                        |
| <u>و</u>   | FIRST PRESE                            | NTATION OF MU                             | JLTIPLE DEP       | ENDEN             | T CLAIM                          |                   | +14         | 40=             |                        | OR             | +280=               |                        |
|  |  |   |                   |                   |                                  |                   |             | OTAL            |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
|  | (Column 1) (Column 2) (Column 3)       |   |                   |                   |                                  |                   |             |                 |                        |                |                     |                        |
| 8  |  | CLAIMS<br>REMAINING<br>AFTER              |                   | HIG<br>NUM        | HEST<br>MBER<br>IOUSLY           | PRESENT<br>EXTRA  | R/          | ΛTE             | ADDI-<br>TIONAL        |                | RATE                | ADDI-<br>TIONAL        |
| Ē  |  | AMENDMENT                                 |                   |                   | FOR                              |                   |             |                 | FEE                    |                |                     | FEE                    |
| AMENDMENT B  | Total                                  | *   | Minus             | **                |                                  | =                 | X           | 9=              |                        | OR             | X\$18=              |                        |
| AME!   | Independent                            | *<br>NTATION OF M                         | Minus             | ***               | IT CLAIM                         | =                 | X           | 12=             |                        | OR             | X84=                |                        |
| ┞  | FIRST PRESE                            | MIAHON OF MI                              | JETIF LE DEI      | LINDLIN           |                                  | <u> </u>          | +1          | 40=             |                        | OR             | +280=               |                        |
|  |  |   |                   |                   |                                  |                   | ADDI        | TOTAL<br>T. FEE |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
| 1  |  | (Column 1)                                |                   | (Colu             | umn 2)                           | (Column 3)        |             |                 |                        |                |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIG<br>NU<br>PREV | HEST<br>MBER<br>(IOUSLY<br>D FOR | PRESENT<br>EXTRA  | R/          | ATE             | ADDI-<br>TIONAL<br>FEE | 1              | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME  | Total                                  | *   | Minus             | **                |                                  | =                 | X           | 9=              |                        | OR             | X\$18=              |                        |
| MEN  | Independent                            | *   | Minus             | ***               |                                  | =                 | X           | 12=             |                        | OR             | X84=                |                        |
|  | FIRST PRESE                            | NTATION OF M                              | ULTIPLE DE        | PENDE             | NT CLAIN                         | <i>A</i> []       | <b>」</b>    | 40-             |                        | 1              | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                   |                   |                                  |                   |             |                 |                        | OR             | TOTAL               |                        |
| * If the entry in column 1 is less than the entry in column 2, white 6 in soliding 5.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                   |                   |                                  |                   |             |                 |                        |                |                     |                        |
| "  | rt the "Highest Nu<br>The "Highest Nur | imber Previously F<br>nber Previously Pa  | aid For" (Total o | or Indepe         | ndent) is th                     | ne highest numb   | er found ir | the a           | ppropriate b           | ox in c        | olumn 1.            |                        |